

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Navajo State ARIZONA
 Township _____ or Village _____
 City Snowflake No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paul F lake Schnebly (If child is not yet named, make supplemental report, as directed)

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Married? _____ 8. Date of birth January 17, 1935
 5. Number, in order of birth 2 Full term _____ (Month, day, year)

9. Full name Daniel Elsworth Schnebly FATHER 18. Full maiden name Anna F lake MOTHER

10. Residence (usual place of abode) Snowflake 19. Residence (usual place of abode) Snowflake
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 24 (Years) 20. Color or race white 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Kahoka 22. Birthplace (city or place) Snowflake
 (State or country) Missouri (State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. School 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 6 years 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:30 a m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return }

Given name added from a supplemental report 728-112-1165 (Date of) _____

(Signed) J. M. Heywood, M. D.

or _____, Midwife

Address Snowflake Ariz

Filed Mar 10, 1935 J. N. Frost

Registrar.

Registrar.